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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/577,008-Conf. #7226

Filing Date August 7, 2006

First Named Inventor Toshiharu Suzuki

Art Unit 1649

Examiner Name O. N. Chemyshev

Attorney Docket Number 3749-0112PUS1


ENCLOSURES (Check all that apply)☐ Fee Transmittal Form☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):

Reply to Restriction/Election of Species Requirement

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name BIRCH, STEWART, KOLASCH & BIRCH, LLP

Signature 

Printed name Mary Anne Armstrong, Ph.D.

Date APR 17 2008

Reg. No. 40,069

| | | | |
|---|-------------|--------------------------|------------------------|
| Effective on 12/06/2004. FEE TRANSMITTAL For FY 2008 | | Complete if Known | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818). | | Application Number | 10/577,008-Conf. #7226 |
| | | Filing Date | August 7, 2006 |
| | | First Named Inventor | Toshiharu Suzuki |
| | | Examiner Name | O. N. Chernyshev |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1649 |
| TOTAL AMOUNT OF PAYMENT | (\$) 120.00 | Attorney Docket No. | 3749-0112PUS1 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>02-2448</u> |
| Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------------------|----------------------------------|-------------------------|----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Small Entity | | Small Entity | | Small Entity | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) |
| | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 105 |
| Multiple dependent claims | | | | | | | 370 185 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | |
| 15 | - 20 = | x | = | Fee (\$) | | Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| 1 | - 3 = | x | = | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| _____ | - 100 = | /50 = | (round up to a whole number) x | = | | | |
| | | | | Fees Paid (\$) | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | |
| | | | | | | | 120.00 |

| | | | |
|---------------------|---------------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 40,069 |
| Name (Print/Type) | MaryAnne Armstrong, Ph.D. | Telephone | (703) 205-8000 |
| | | Date | APR 17 2008 |